\$

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

Kearns For State Representative Committee

For Instructions, See Back of Form CONTRIBUTIONS -- MONEY TAKEN IN (Including candidate's personal funds) CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED PROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PACID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
10/15/2008	ID# 6077 CK# ₂₀₀₇	Iowa Pharmacy PAC 8515 Douglas, Ste 16 Des Moines, IA 50322		\$ 100.00	
10/17/2008	1D# 8038 CK# 376730	UFCW ABC General Fund 1775 K. Street NW Washington, DC 20006-1598		00.0001	
	1D# CK# 6272	Teasic Noeth 3304 Pennsylvania Avenue St. Louis, MO 63118		25.00	
10/21/2008	ID# CK# 2091	USW Eastern Mo Steel Council 3307A Hollenberg Drive Bridgeton, MO 63044		300.00	
10/25/2008	ID# CK# 6406	Teamsters DRIVE Committee Political Fund 25 Louisiana Avenue NW Washington, DC 20001-2196		500.00	
	CK#				
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<u> </u>			SUB-TOTAL	\$ 1925.00	

* Disclosure law requires candidate committees to disclose the relationship of any retative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (reletives by marriage). If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

1925.00

TOTAL (if last page of this schedule)

FOR INSTRUCTIONS, SEE BACK OF FORM

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SCHEDULE B (Rev. 07/03)

MONETARY **EXPENDITURES**

CHECK THIS BOX IF AMENDING FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

Kearns For State Representative Committee

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (If applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Dispursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/15/2008	ID# CK#1055	Keokuk Postmaster 214 S. 2nd Keokuk, IA 52632	Postcard stamps	\$ 270.00
0/24/2008	1D# CK#1056	Daily Gate City Newspaper 1016 Main Keokuk, IA 52632	Political Ads	436.44
0/27/2008	ID# CK# 1057	Titan Broadcasting 1411 N. Roosevelt Avenue Burlington, IA 52601	Radio political ads	821.50
0/27/2008	ID# CK#1058	The Hawkeye Newspaper 800 S. Main Burlington, IA 52601	Political Ads	1189.24
· · · · · · · · · · · · · · · · · · ·	ID# CK#			
	ID# CK#			
MARCO	ID# CK#			
	(D#			
	CK#		SUB-TOTA	L \$ 2717.18

TOTAL (if last page of this schedule)

\$ 2717.18

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G Instructions, and lows Code 68A-402(3)(i).)

Page 1	of 1

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Kearns For State Representative Committee

NOTE: Debts previously reported that remain unpaid must be included on this Schedule, as well as any new obligations incurred in this period. Reset Form

SCHEDULE D (Rev. 08/98)	INCURRED
	CK THIS BOX MENDING M

DEBTS/OBLIGATIONS REMAINING THIS REPORTING PERIOD (DO NOT INCLUDE LOANS — SHOW LOANS ON SCHEDULE F)

An "incurred debt" is a debt for goods or services ordered or received, but not paid for by the end of the reporting period., regardless of whether an invoice

		has be	en received.
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS OR SERVICES PROVIDED OR PURCHASED	BALANCE OWED AT CLOSE OF REPORTING PERIOD*
05/03/2008	Jerry Kearns (candidate) 402 Hickory Terrace Keokuk, IA 52632	Food and drink for fundraiser	290.00
		SUB-TOTAL	290,00
	TOTAL DEBTS OWED BY COMMITTEE AT	THE END OF THIS REPORTING PERIOD	\$ 290.00

*If actual figure is unknown, show "estimated" beside the figure.

Page 1 of 1 (for Schedule D)

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

MITTEE NAME (Mase) h	same as an Statement of Organization)			F Rev. 02/08)	RECEIVI
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: This schedule report	is money loaned to the committee which is deposited in	the committee a	ccount.	AMENDIN	ig form
L UNPAID LOANS FR	ROM LAST REPORTING PERIOD \$ 1000.00				
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(Original source of	NS RECEIVED THIS REPORTING PERSON floan, such as a bank, must be shown if a third party is	involved. Includi	e loans from candida	e's personal i	unus.)
	NAME AND ADDRESS OF LENDER	REL	ATIONSHIP TO	I AMOUNT	OF LOAN
DATE RECEIVED	(include Endorser's Name, If Applicable)	CANDIC	ATE (If Applicable")	ļ	
(MM/DD/YR)			•	\$ "	
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ART II - MONETARY L (Loans forgiver	OAN REPAYMENTS MADE THIS REPORTING PERIOR MUST be reported on Schedule E — In-kind Contribution	00	(PART I)	\$	_
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